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APPLICANTS

Darrell A. Gauthier, Elon, NC;

** CONTINUING DATA ***** N/A

** FOREIGN APPLICATIONS ***** N/A

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NC	SHEETS DRAWING 4	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 5
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Verified and Acknowledged

Examiner's Signature: *[Signature]* Initials: *[Initials]*

ADDRESS
 26158
 WOMBLE CARLYLE SANDRIDGE & RICE, PLLC
 P.O. BOX 7037
 ATLANTA, GA
 30357-0037

TITLE
 Perforated capsule filter

FILING FEE RECEIVED 558	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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